

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/587,286*

FILING DATE

*7-25-06*

APPLICANT(S)

**CLAIMS**

	<i>Article 34</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<del>1</del>					
2	1					
3	1					
4		1				
5	<del>1</del>					
6	1					
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TOTAL IND.	<i>9</i>	↓		↓		↓
TOTAL DEP.	<i>4</i>	←		←		←
TOTAL CLAIMS	<i>13</i>					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						